

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10583920

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2						
3						
4						
5						
6						
7						
8						
9						
10			1			
11						
12						
13						
14						
15						
16						
17						
18						
19			1			
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27						
28			1			
29						
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31						
32			1			
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39						
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41						
42						
43			1			
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.		↓	6	↓		↓
TOTAL DEP.		←	37	←		←
TOTAL CLAIMS			42			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						